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Novel Ideas: Evaluation of a Brief Trauma Tapping Training and Single Session Application

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Abstract:

A challenge in conflict resolution and peace building efforts for regions affected by war and genocide is the treatment of conditions such as post trauma stress disorder. Previous examination of somatic based trauma approaches has indicated effectiveness with trauma in conflict zones. This brief clinical note outlines one such approach (Trauma Tapping Technique, TTT) and its value in treating trauma in a single session, for future application as community-led approaches and in combat zones. There were 287 practitioners trained in the TTT across two sessions, who consulted with 1722 clients (males = 551, females = 1163). Significant reductions in subjective units of distress occurred across the one TTT session F(1, 1721) = 4866.99, p<.001. Qualitative analysis indicated anxiety and stress were the main conditions targeted. As a brief first aid trauma training, TTT appears to be effective as a model to achieve emotional regulation and distress amelioration in a single session. Limitations and further research opportunities are discussed.

Keywords: trauma, tapping, post traumatic stress, emotional literacy, support, training

Introduction:

Trauma tapping, based on Emotional Freedom Techniques (EFT) and Thought Field Therapy (TTT), is a rapidly growing field of psychotherapy that has gained recognition as a powerful tool in treating a wide range of psychological and physical issues, including trauma (Stapleton et al., 2018). The Peaceful Heart Network, located in

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Sweden, is at the forefront of this movement, offering training and support for individuals and therapists who want to learn and utilize these techniques. The Peaceful Heart Network has been instrumental in advancing the field of trauma: their approach emphasizes the importance of integrating trauma tapping into a holistic treatment plan, and they work closely with other mental health professionals to provide the best care for their clients.

While EFT and TFT are psychophysiological interventions utilizing principles of acupuncture and cognitive elements (Church et al., 2022), they also include awareness building, imaginal exposure, cognitive reframing, preframing, and systematic desensitization. The Trauma Tapping Technique (TTT) discussed was created in partnership with Dr. Carl Johnson in Rwanda with the aim of serving traumatized populations. The technique was inspired by Dr. Johnson's use of TFT with survivors of the war in Kosovo and has been adapted to be more accessible, even with a limited skill set. TTT blends elements of TFT and EFT with a breathing exercise derived from mindfulness and yoga, as well as tactics used in American military and police training. One key difference between TTT and other techniques like EFT is its minimal use of spoken interventions. This makes it easier to learn and remember and can also be taught in group settings without the risk of retraumatizing individuals through verbal revisitation of traumatic memories. which is a common issue in traditional exposure approaches (Stapleton et al., 2018).

Since 2007, TTT has been taught as a simple and efficient First Aid intervention to groups of adolescent survivors of acts of war, genocide, and gender-based violence in countries such as Rwanda, Democratic Republic of the Congo, Sierra Leone, Chad, and more. The approach's focus on maintaining the integrity of individual experiences has made it possible for the technique to be shared peer-to-peer in communities in challenged areas, such as the Eastern Democratic Republic of Congo.

This clinical note paper explores the trauma tapping training offered by the Peaceful Heart Network, its effectiveness in treating trauma in single sessions from the two-session training, and the potential to revolutionize the way we approach and treat trauma by providing a tool for self-regulation that people can use for themselves when arousal is triggered. Since 2010 close to 300, 000 people in 30 countries are estimated to have been reached by TTT through training and facilitation.

Method:

In the TTT, 287 practitioners completed the training and the six sessions they conducted with clients, as part of the certification, were analyzed. The practitioners consulted with 1722 clients (males = 551, females = 1163) across the six sessions. The age range of clients was seven to 93 years (M=36.74 years, SD=19.46).

Overview of the TTT Training

The TTT sessions were conducted online as two 90-minute workshops, in English/Swedish/Spanish language and titled *First Aid for Stress and Trauma*. After the first workshop, participants were asked to practice the technique so questions and reflections could be followed up at the second workshop. The teaching materials included video demonstrations, selfpractice and lecture style content on: coding and decoding of trauma; theory of depotentiation; distraction techniques; resilience; symptoms of stress and trauma; TTT for self-care; differences to other tapping modalities; and how to use TTT in different settings.

In groups of four to five, participants engaged in smaller "breakout rooms" online and discussed how they could use the TTT in the context of their therapy work. They also shared experiences of similar approaches and advantages and disadvantages of using TTT and similar techniques. In between training sessions, it was recommended participants use TTT as a daily routine morning and evening. A complete certification process then follows for TTT that requires participants to do the following: 1.Describe six (6) sessions done with TTT. Observation of clients before and after including taking subjective units of distress scale (SUD) before and after the tapping session. The scale represents 0 equals minimum distress to 10 which is maximum distress, which is an accepted form of measurement (Wolpe, 1969). 2. Answer 27 assessment questions about Stress and Trauma and other specific questions regarding TTT and the practice of using TTT. 3. Agree to a Code of Ethics for professional practice of TTT.

Results:

Quantitative Analysis of the Two Session Training

The six client sessions completed by the practitioners collected the SUDS rating before and after each session which was analyzed with repeated measures analysis of variance. The within group mean SUDS rating before the first session was 7.69 (SD=2.05). The SUDS rating after the session was 2.5 (SD=2.23) and this was statistically significant, F(1, 1721) = 4866.99, p<.001.

Qualitative Analysis of the Two Session Training

Qualitative data collected from the single open-ended question about the nature of the presenting issue prior to the TTT session (n=1722) were transferred to NVivo for thematic analysis using a method of inductive reasoning (Schulz, 2012). Text search usage and word frequency data analyses determined emerging themes that were elicited by the qualitative question and are graphically displayed in a word cloud (see Figure 1). Three central themes have emerged: anxiety, stress and feeling (note: the words 'och' and 'hon' are Swedish for she/female).

Figure 1: Sources of distress identified by participants (N =1722)



Thematic analyses of the practitioners' personal reflections after the session were also examined (n=1625). Figure 2 presents these data in a word cloud and highlighted tapping and the client. TTT is unique as a trauma strategy by minimizing spoken interventions, and from a clinician

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training perspective, it appears the brief trauma training can be impactful.

Figure 2: Word cloud



Discussion:

Combat zones and war affected regions are uniquely at risk for the emergence of post-traumatic stress symptomatology and disorders. Given that current treatments involve expert assisted sessions (recommendations range from eight to 16 sessions), or medication, they may not be viable in areas of post-conflict, and often disorganized health care and services make traditional approaches impracticable. The prevalence of posttraumatic stress symptomatology and disorders in combat zones demands a prompt and efficient response. The protracted nature of traditional therapy models may delay treatment initiation and exacerbate the suffering of individuals who urgently require relief from their traumatic experiences. Briefer forms of trauma therapy can provide immediate support and allow individuals to start their healing process sooner. By focusing on self-applied emotional regulation techniques, these approaches empower individuals to actively engage

in their own recovery, even in the absence of expert assistance.

Community-led approaches therefore hold great promise in traumatized conflict areas. In these regions, social structures and support networks are often disrupted, making it difficult to establish sustainable and long-term mental health services. By promoting briefer forms of trauma therapy that can be implemented within the community, individuals can receive support from their peers and trusted community members. This not only helps to bridge the gap in the availability of professional services but also fosters a sense of solidarity and collective healing among survivors. Community-led approaches have the potential to create a ripple effect, as individuals who receive training in self-applied emotional regulation techniques can pass on their knowledge and skills to others, strengthening the overall resilience of the community.

Limitations:

While no longer follow-up was completed after the single session of TTT, the significance of the results indicated the training was sufficient for client outcomes to be achieved. Validated assessment of symptomatology was not included, but this would be a useful research area to explore in future trials. The sample size was robust; however, future research should include standardized evaluation of client outcomes, longer follow-up and comparisons to existing treatment options.

Conclusion:

Briefer trauma approaches such as TTT are emerging as a 4th wave

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approach in the psychotherapy fields (Stapleton, 2019), and may hold promise in areas of need such as combat war zones. This evaluation of a two session TTT training and subsequent single session outcome assessment indicated early viability of this model. While longer follow-up is recommended, and quantitative outcomes are vital, selfapplied emotional regulation techniques and briefer trauma therapy models have the ability to empower individuals, promote early intervention, and facilitate community support systems, to ultimately foster resilience and healing in the aftermath of conflict.

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Bio

Dr. Peta Stapleton is a registered clinical and health psychologist and Associate Professor at Bond University (Queensland, Australia). Peta is a world leading researcher in Emotional Freedom Techniques (EFT or Tapping) and has been awarded many accolades including the Harvey Baker Research Award for meticulous research and the greatest contribution to the field of Energy Psychology. In 2019 Peta was named Australian Psychologist of the Year.

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